

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/59/632</div>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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23							73						
24							74						
25							75						
26							76						
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28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
101			1				51				
102				1			52				
103				1			53				
104				1			54				
105				1			55				
106				1			56				
107				1			57				
108				1			58				
109				1			59				
110				1			60				
111				1			61				
112				1			62				
113				1			63				
114				1			64				
115				1			65				
116			1				66				
117			1	1			67				
118			1	1			68				
119				1			69				
120				1			70				
121				1			71				
122				1			72				
123			1				73				
124				1			74				
125				1			75				
126				1			76				
127				1			77				
128				1			78				
129				1			79				
130				1			80				
131				1			81				
132				1			82				
133				1			83				
134				2			84				
135				2			85				
136				2			86				
137				2			87				
138				2			88				
139				12			89				
140				12			90				
141				1			91				
142				1			92				
143				1			93				
144							94				
145							95				
146							96				
147							97				
148							98				
149							99				
150							100				
TOTAL IND.			6				TOTAL IND.				
TOTAL DEP.			61				TOTAL DEP.				
TOTAL CLAIMS			77				TOTAL CLAIMS				